

UNDERGROUND STORAGE TANK(S) INSTALLATION/RENOVATION/UPGRADE NOTIFICATION FORM**Please Print or Type**

Return to: Department of Environmental Quality
Office of Environmental Assessment
Underground Storage Tanks Division
Post Office Box 4314
Baton Rouge, Louisiana 70821-4314
or Regional Office (see Page 2 for addresses)

FOR STATE USE ONLY

Regional Office: _____

Agency Interest Number: _____

INSTRUCTIONS

Please Complete and Return Thirty (30) Days Prior to UST Installation/Renovation/Upgrade

I. OWNERSHIP OF TANK(S)			II. PHYSICAL LOCATION OF TANK(S)		
			New Facility Yes () No ()		
Owner Name: (Corporation, Individual, Public Agency)			Facility Identification Number		
Mailing Address			Facility Name or Company Site Identification		
City	State	Zip Code	Street Address (Post Office Box Not Acceptable)		
Parish/County			City	State	Zip Code
Phone Number (Include Area Code)			Parish		

NAME AND UST LICENSE NUMBER OF CONTRACTOR PERFORMING THIS NEW INSTALLATION/RENOVATION/UPGRADE/ AND THE SCHEDULED DATE:

NEW INSTALLATION

- Number , size, and material of construction of tanks to be installed: _____
- Type of delivery piping to be installed: Pressurized _____ Or Suction _____
Material of construction _____
- Number of active or abandoned water wells within 50 feet of proposed UST system location: _____
- Method of release detection: Tanks: _____
Piping: _____

RENOVATION UPGRADE

- Number of tanks to be upgraded: _____
- Corrosion protection for the tank(s): Presently installed _____ to be installed _____ N/A _____
- Spill and overflow prevention equipment: Presently installed _____ to be installed _____
- Release detection method employed or to be employed for the tank(s) _____
- Type of delivery piping: Pressurized: _____ Or Suction: _____
Material of piping construction _____
- Corrosion protection for the piping, including flex connectors and/or swing joints:
Presently installed _____ to be installed _____ N/A _____
- Release detection method employed or to be employed for the piping: _____

AN AMENDED REGISTRATION FORM MUST BE SUBMITTED TO THE PERMITS DIVISION, REGISTRATIONS, CERT. & NOTIFICATIONS SECTION
WITHIN 30 DAYS AFTER THE UPGRADE

CERTIFICATION

I certify to above submitted information is correct and I agree to comply with all requirements of LAC 33: XI.

Owner's Name (Print or Type)

Owner's Signature

Date Signed

REGIONAL OFFICES

Acadiana Regional Office

111 New Center Drive
Lafayette, LA 70508
Phone: (337) 262-5577
Fax: (318) 362-5448

Northwest Regional Office

1525 Fairfield, Room 520
Shreveport, LA 71101-4388
Phone: (318) 676-7521
Fax: (318) 676-7573

Southeast Regional Offices

New Orleans Office

201 Evans Road, Building 4, Suite 420
New Orleans, LA 70123-5230
Phone: (504) 736-7765
Fax: (504) 736-7702

Bayou Lafourche Regional Office

110 Barataria St.
Lockport, LA 70374
Phone: (504) 736-7742
Fax: (504) 736-7702

Northeast Regional Offices

Monroe

1823 Hwy 546
Monroe, LA 71292
Phone: (318) 362-5445
Fax: (318) 362-5448

Capital Regional Office

UST Division-Surveillance Process
P. O. Box 4314
Baton Rouge, Louisiana 70821-4314
Phone: (225) 219-3427
Fax: (225) 219-3474

Southwest Regional Office

1301 Gadwell St.
Lake Charles, LA 70615
Phone: (337) 491-2719
Fax: (337) 491-2682

North Shore Office

645 N. Lotus Drive, Suite C
Mandeville LA 70471
Phone: (504) 736-7742
Fax: (504) 736-7702

Kisatchie Central Regional Office

Rainbow Drive, Bldg. 402
Pineville, LA 71360
Phone: (318) 362-5445
Fax: (318) 362-5448